

What is the level of adult functioning for all caregiving members of the family?

1. Can the caregiver care for him/herself? Is the caregiver employed? How do they support the family?
2. Does the caregiver have any behavioral, mental, emotional, intellectual or physical conditions? If yes, describe the caregiver's behaviors associated with the condition. Is the caregiver receiving services and from what agency?
3. Are there current factors in the home that contribute to stress? If yes, what are they and how does the caregiver cope with the stress? Does the caregiver demonstrate good judgment and problem solving skills?
4. Are you aware if anyone in the home abuses drugs or alcohol? If yes, who, what drugs and how often? Do you suspect drug sales or manufacturing in the home? If yes, why?
5. Is there domestic violence going on among adults in the home? If yes, can you describe the domestic violence? Have there been injuries to adults and/or the child? If yes, describe. Do you know who the abuser is? The victim? Does either caregiver actively protect the child during the domestic violence incident? If yes, describe. Where is the child when an incident occurs? How often does violence occur?
6. Does the caregiver have a history of violence outside the home? As a victim or perpetrator? If yes, describe.
7. Does the caregiver exhibit any other dangerous or threatening behaviors? If yes, describe.

What are the general parenting practices in the family?

1. Does the caregiver have access to and use available resources to provide basic needs for their children? If no, describe.
2. Have you observed the way that the caregiver interacts with the child on a day-to-day basis? If yes, describe the child-caregiver interaction.
3. Based on your interaction with the caregiver does it seem that they understand the needs of the child? Does the caregiver have realistic expectations of the child given the child's age/functioning? If no, describe.

What are the disciplinary practices in the family?

1. Do you know what the caregiver uses as disciplinary methods?
2. Why does the caregiver use this method of discipline?
3. Is the caregiver ever out-of-control when disciplining the child? Describe the caregiver's behavior while disciplining.
4. Do you know if the caregiver's disciplinary methods are a part of their cultural practices?

CONCLUSION

Social Worker Safety

Are you aware if there are any safety concerns, such as pets, weapons, conditions, violence or illegal activity that may threaten a social worker's safety if they were to visit the home?

A.R.S. § 41-1010 Statement

According to state law, we must inform you that you are required to provide your name as the reporting source. However, CPS will keep your name confidential under the state CPS confidentiality law and will only disclose it if we receive a court order to do so, or if needed by law enforcement for an investigation or to provide for the immediate safety of a child. Therefore it is important that we document any concerns you may have regarding substantial risk of harm to you, someone else or the public if your name is disclosed.

1. Do you have concerns regarding substantial risk of harm? What are those concerns?
2. May I have your name and phone number as the reporting source?

SECTION B

Abandonment

1. Do you know where the child's parent is now?
2. Do you know when the parent last had contact with the child?
3. Do you have any information about when the child's parent is coming back?
4. Do you know what arrangements the parent made for care of this child?
5. How long are you able or willing to care for the child? Are relatives or friends of the family available? If yes, what are their names and how can we contact them?
6. Are the parents willing to make other arrangements for the child?

If the parent is the source and wants the child removed from the home, ask them:

1. What assistance have you asked for in order to be able to care for your child, such as counseling, medical or psychiatric assessment, or assistance from the school or law enforcement?
2. Is there anyone with whom your child could live, such as relatives or family friends, while you obtain assistance?
3. Have you considered professional placement, such as a teen shelter?
4. Are you willing to work with CPS to make arrangements other than CPS placement for the care of your child?

Clothing

1. Do the child's clothes match the weather conditions? If no, describe.
2. Are the clothes that the child wears clean and do they fit the child?
3. What effect is the lack of clothing having on the child? How do you know?

Confinement

1. Why was the child confined?
2. How was the child confined and for how long?
3. Was the child denied access to food, water, and a bathroom?
4. Did the child have a means to exit the area of confinement in the event of an emergency? Was a person present during the entire length of confinement?

Drug Labs

1. How was the child exposed to the dangerous drug lab (e.g. meth lab)? Is the drug lab located in the child's living environment or is it in another environment (structure or vehicle) where the child was present? If yes, how often does the caregiver bring the child to this environment?
2. If the drug lab was in another environment, did the caregiver know or have reason to know that a lab would be present?
3. Does the child exhibit symptoms of drug exposure such as a skin rash, agitated or lethargic behavior or other symptoms? Did the child sustain an injury from being exposed to the drug lab? If yes, can you describe the injury?
4. Where was the caregiver cooking the drug? If not in the living environment, where were they cooking and what is the proximity to the living environment?
5. Where were the fumes being vented?
6. Was the child in the living environment or area where cooking or venting occurred?
7. Where are the chemicals and/or the equipment used to manufacture the drugs stored? What is the proximity to the child and does he/she have access?
8. Is drug or chemical residue present? If yes, where?
9. Did the caregiver have a place for the child to go when he/she was cooking or using the drug?

Fatalities

Ask the medical professional (physician, doctor of osteopathy, physician's assistant or licensed nurse practitioner):

1. Is the child's injury or condition most consistent with a non-accidental injury or due to caregiver neglect?
2. Based on the information the medical professional has at this time, is it your opinion that it is likely the child died as a result of this injury or condition?

If the source is an individual (nurse, social worker, etc.) other than the medical professional, has the medical professional verbally confirmed or documented answers to the following questions:

1. Is the child's injury or condition most consistent with a non-accidental injury or due to caregiver neglect?
2. Based on the information the medical professional has at this time, is it his or her opinion that it is likely the child died as a result of this injury or condition?

Near Fatalities

Ask the medical professional (physician, doctor of osteopathy, physician's assistant, or licensed nurse practitioner):

1. Is the child's injury or condition most consistent with a non-accidental injury or due to caregiver neglect?
2. Is the child in serious or critical condition because of this injury or condition?

If the source is an individual (nurse, social worker, etc.) other than the medical professional, has the medical professional verbally confirmed or documented answers to the following questions:

1. Is the child's injury or condition most consistent with a non-accidental injury or due to caregiver neglect?
2. Is the child in serious or critical condition because of this injury or condition?

Safe Haven Newborn

1. Is the parent or agent who delivered the newborn still present?
2. Did the parent express intent to return for the newborn infant?
3. Does the child appear to be a newborn infant (under 72 hours old)?
4. What is the newborn's condition?
5. Does the infant need immediate medical attention? If so, have you called 9-1-1?
6. Did the parent or agent offer any information about themselves or the newborn?
7. Did the parent or agent say why they brought the newborn to a Safe Haven?

All newborn infants must be examined at a hospital.

1. If the source is a hospital, confirm that the infant has received a physical examination. If not, advise the source to arrange for a physical examination of the infant.
2. If the source is not a hospital, advise the source to immediately transport or arrange for the infant to be transported to a hospital for a physical examination.
3. Obtain the name, address and phone number for the hospital. If the source does not know the name, address and phone number for the hospital, advise the source to call the Hotline as soon as possible when this information is known.

If the Safe Haven provider is a licensed private adoption agency ask the following:

1. Does the agency have the ability and the desire to take legal custody and place the infant for adoption? If yes, advise the source that the agency has 24 hours from the time of the completion of the physical examination to take custody of the infant.
2. Obtain the agency name, a contact name, and the address and phone number for the agency.

If the Safe Haven provider is a church ask the following:

1. Is the church affiliated with a licensed private adoption agency? If yes, obtain the licensed private adoption agency name, a contact name and the address and phone number for the agency. Advise the source that the Hotline will make contact with that agency.

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Sexual Exposure

1. Describe the sexual activity or the explicit sexual material to which the child was exposed.
2. Describe how, when and where the caregiver exposed the child.
3. Describe how the caregiver failed to take actions to prevent the child from observing the sexual activity or explicit sexual materials.

Substance Exposed Newborn

1. Has the child or mother been tested and what are the results? If the drug is a prescription drug, was the drug prescribed to the mother during her pregnancy?
2. What is the reported history of drug use, including any admission of use by the mother and/or the extent of use during the pregnancy? What type of drug was used and when was the last use?
3. Does the mother seem to understand the danger that substance abuse has caused to her baby?
4. Has mother ever received drug treatment? Do others in the home use drugs? Is the father aware of the mother's drug use?
5. What is the medical and physical condition of the child? Has a doctor diagnosed or noted withdrawal symptoms or other adverse effects or is the child considered medically fragile? If yes, what are the medical concerns and what treatment or care is needed?
6. What are the child's birth weight, gestational age, and APGAR scores?
7. What prenatal care was received? Was the mother tested for drugs during her prenatal visits? If yes, what were the results?
8. Who is the medical doctor and what is the name and location of the hospital where the child was born?
9. Does the mother show signs of attachment and bonding? Does she want to hold the child; talk to the child; want the child in her room?
10. Is a support system available to the mother?
11. Are you aware if the mother has made preparations for the child in the home? Is there a crib or someplace safe for the child to sleep? Does she have any newborn baby clothes?

Supervision

1. **Is the child alone now?**

How long has the child been alone? Does the child know how to contact emergency personnel? Where is the person who should be watching them and when will they return? Have you called police?

2. **If the child is not alone now:**

Who is taking care of the child? Can the child remain with this adult or is intervention needed now? How often is the child left alone and when does this usually happen? Does someone check on the child when alone? Who and how can we contact them? Does the child know how to contact a parent or emergency personnel?

See next page for EOE/ADA disclosure

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Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Ayuda gratuita con traducciones relacionadas a los servicios de DES está disponible a solicitud del cliente.

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Children, Youth and Families**CHILD PROTECTIVE SERVICES (CPS)
RESPONSE SYSTEM***(Effective July 1, 2010)***RESPONSE TIME #1 – 2 Hours**

For the purpose of determining the initial response to a report at the Child Abuse Hotline, present danger refers to an immediate, significant and clearly observable family condition present now which has resulted in or is likely to result in serious or severe harm requiring an immediate initial response.

The following conditions suggest that a child may be in present danger:

EXTENT OF MALTREATMENT

1. Death of a child due to physical abuse, neglect or suspicious death
2. Serious injuries including but not limited to:
 - fractures
 - immersion burns, second or third degree burns
 - shaken baby syndrome
 - multiple plane injuries
3. Serious injuries to face or head including but not limited to:
 - bruises
 - cuts
 - abrasions
 - swelling
4. Injuries to a non-ambulatory child
5. Injuries to a child up to one (1) year of age
6. Unknown injuries, but child under the age of six (6) observed or reported to be forcefully struck in the face; head, neck, genitalia or abdomen which could likely cause an injury.
7. Child injured during an incident of domestic violence.
8. The restriction of movement or confinement of a child to an enclosed area and/or uses a threat of harm or intimidation to force a child to remain in a location or position which may include:
 - tying a child's arms or legs together
 - tying a child to an object
 - locking a child in a cage
9. Physical injury resulting from permitting a child to enter or remain in a structure or vehicle that is used for the purposes of manufacturing dangerous drugs.
10. Living environment is an immediate threat to child's safety. This would include the most serious health circumstances, such as buildings capable of collapsing, exposure to elements in extreme weather, fire hazards, electrical wiring exposed, weapons accessible and available, access to dangerous objects or harmful substances, manufacturing of drugs (i.e. meth lab), etc.

11. Child presents with clear physical indicators of malnourishment such as dehydrated or failure to thrive (a.k.a. poor weight gain or pediatric undernourishment).
12. Child requires emergency medical care and caregiver is unwilling or unable to seek treatment.
13. A substance exposed newborn who is scheduled for discharge within 24 hours or is at home. Substance exposed newborn is defined as an infant (birth to one (1) year of age) exposed prenatally to alcohol or drugs including an infant who is exhibiting symptoms consistent with fetal alcohol syndrome or fetal alcohol effects.
14. Caregiver provides the child prescribed/non-prescribed or adult medications, or illegal drugs or alcohol and the child requires emergency medical care.
15. Child left alone and is not capable of caring for self or other children.
16. Evidence or disclosure of current sexual abuse (sexual contact only) and the perpetrator currently has or will have access to the identified victim within the next 48 hours. This does not include historical allegations of sexual abuse, unless there is a clear threat of reoccurrence.

CHILD FUNCTIONING

17. Child is extremely fearful because of their home situation, present circumstance or because of a threat of additional abuse or neglect. This does not refer to fear of legal disciplinary practices or generalized fear.
18. Child is a danger to self or others now and caregiver cannot or will not control the child's behavior.

ADULT FUNCTIONING

19. Child was in close proximity to an incident of domestic violence and could have been injured. This includes being held by one of the adults during the incident.
20. Caregiver is described as physically or verbally imposing and threatening, brandishing weapons, or currently behaving in attacking or aggressive ways.
21. The caregiver describes or acts toward the child in predominantly negative terms or has a distorted view of the child or has extremely unrealistic expectations given the child's age or level of development.
22. Caregiver is **incapacitated** due to substance use/abuse, behavioral/mental illness including depression and situational stress, physical impairment, and/or cognitive functioning and is unable to perform parental responsibilities consistent with basic needs or child safety, leaving the child in a threatened state.
23. Caregiver is actively placing child in dangerous situations or fails to protect the child from imminent threats from other persons.
24. Caregiver permits a child to enter or remain in a structure or vehicle that is used for the purposes of manufacturing dangerous drugs.
25. Evidence of abuse or neglect and the caregiver denies access to or will flee with child to avoid CPS contact.

RESPONSE TIME #2 – 48 Hours

Impending danger refers to a family condition that may not be occurring in the present but is likely to occur in the immediate to near future and will likely result in serious or severe harm to a child.

All information gathered is analyzed to the following five factors – if all safety threshold criteria are met, the report meets Response Time #2 criteria.

SAFETY THRESHOLD CRITERIA – HOTLINE VERSION

- Specific & Observable – The family's condition can be described in specific behavioral terms.
- Out-of-Control – Beyond the control of any adult in the household to prevent the impending danger or unknown whether any adult is present or able to control the situation.
- Vulnerable Child – Reliant or dependent on others for protection.
- Severity – Likely to cause serious or severe harm to a child.
- Imminence (Specific Time Frame) – Likely to occur within the next 72 hours.

RESPONSE TIME #3 – 72 Hours

Reports that do not rise to the level of present or impending danger, but there is an incident of abuse or neglect that occurred in the past 30 days. This includes a current minor injury to the child.

RESPONSE TIME #4 – 7 Consecutive Days

Reports that do not rise to the level of present or impending danger, but:

- there is an incident of abuse or neglect that occurred more than 30 days ago, or
- the date of last occurrence is unknown and there is no current physical indicator of maltreatment, or
- there is UNREASONABLE risk of harm to the child's health or welfare.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making *reasonable changes* to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Ayuda gratuita con traducciones relacionadas a los servicios de DES está disponible a solicitud del cliente.

Child Abuse Hotline Safety Decision Tool

Specialist Name: _____

Date: _____

Supervisor Name: _____

Communication #: _____

Safety Decision 1:

Does information collected justify accepting the report based on Arizona statutes?

1. Is the person presently under the age of 18?
☐ Yes ☐ No
2. Is there an allegation of child abuse or neglect meeting the legal definition of harm?
☐ Yes ☐ No ☐ Insufficient Information
3. Is the alleged perpetrator the parent or caregiver of the child?
☐ Yes ☐ No ☐ Unknown but caregiver is unable to be ruled out
4. Is there sufficient information available to locate the child?
☐ Yes ☐ No

If there is insufficient information to make an accurate, confident decision, consider a collateral contact and refer to the Collateral Contacts Decision Making Tool.

If all four criteria are met, the information received meets report criteria by Arizona statutes.

5. If report criteria is met, what is the type of maltreatment?
☐ Neglect ☐ Physical Abuse ☐ Sexual Abuse ☐ Emotional Abuse

Proceed to Safety Decision 2.

Safety Decision 2:

For the purpose of determining the initial response to a report at the Child Abuse Hotline, present danger refers to an immediate, significant and clearly observable family condition present now which has resulted in or is likely to result in serious or severe harm requiring an immediate initial response.

Do present danger threats exist? The following conditions suggest that a child may be in present danger. Check all that describe the current situation. If present danger is identified, complete this section and skip to Safety Decision 4.

EXTENT OF MALTREATMENT

- ☐ Death of a child due to physical abuse, neglect or suspicious death
- ☐ Serious injuries including but not limited to:
 - fractures
 - immersion burns, second or third degree burns
 - shaken baby syndrome
 - multiple plane injuries

Child Abuse Hotline Safety Decision Tool

- ☐ Serious injuries to face or head including but not limited to:
 - bruises
 - cuts
 - abrasions
 - swelling
- ☐ Injuries to a non-ambulatory child
- ☐ Injuries to a child up to one (1) year of age
- ☐ Unknown injuries, but child under the age of six (6) observed or reported to be forcefully struck in the face, head, neck, genitalia or abdomen which could likely cause an injury.
- ☐ Child injured during an incident of domestic violence.
- ☐ The restriction of movement or confinement of a child to an enclosed area and/or uses a threat of harm or intimidation to force a child to remain in a location or position which may include:
 - tying a child's arms or legs together
 - tying a child to an object
 - locking a child in a cage
- ☐ Physical injury resulting from permitting a child to enter or remain in a structure or vehicle that is used for the purposes of manufacturing dangerous drugs.
- ☐ Living environment is an immediate threat to child's safety. This would include the most serious health circumstances, such as buildings capable of falling in, exposure to elements in extreme weather, fire hazards, electrical wiring exposed, weapons accessible and available, access to dangerous objects or harmful substances, manufacturing of drugs (i.e. meth lab), etc.
- ☐ Child presents with clear physical indicators of malnourishment such as dehydrated or failure to thrive (AKA poor weight gain or pediatric undernourishment).
- ☐ Child requires emergency medical care and caregiver is unwilling or unable to seek treatment.
- ☐ A substance exposed newborn who is scheduled for discharge within 24 hours or is at home. Substance exposed newborn is defined as an infant (birth to one (1) year of age) exposed prenatally to alcohol or drugs including an infant who is exhibiting symptoms consistent with fetal alcohol syndrome or fetal alcohol effects.
- ☐ Caregiver provides the child prescribed/non-prescribed or adult medications, or illegal drugs or alcohol and the child requires emergency medical care.
- ☐ Child left alone and is not capable of caring for self or other children.
- ☐ Evidence or disclosure of current sexual abuse (sexual contact only) **and** the perpetrator currently has or will have access to the identified victim within the next 48 hours. This does not include historical allegations of sexual abuse, unless there is a clear threat of reoccurrence.

CHILD FUNCTIONING

- ☐ Child is extremely fearful because of their home situation, present circumstance or because of a threat of additional abuse or neglect. This does not refer to fear of legal disciplinary practices or generalized fear.

Child Abuse Hotline Safety Decision Tool

- ☐ Child is a danger to self or others now and caregiver cannot or will not control the child's behavior.

ADULT FUNCTIONING

- ☐ Child was in close proximity to an incident of domestic violence and could have been injured. This includes being held by one of the adults during the incident.
- ☐ Caregiver is described as physically or verbally imposing and threatening, brandishing weapons, or currently behaving in attacking or aggressive ways.
- ☐ The caregiver describes or acts toward the child in predominantly negative terms or has a distorted view of the child or has extremely unrealistic expectations given the child's age or level of development.
- ☐ Caregiver is **incapacitated** due to substance use/abuse, behavioral/mental illness including depression and situational stress, physical impairment, and/or cognitive functioning **and** is unable to perform parental responsibilities consistent with basic needs or child safety, leaving the child in a threatened state.
- ☐ Caregiver is actively placing child in dangerous situations or fails to protect the child from imminent threats from other persons.
- ☐ Caregiver permits a child to enter or remain in a structure or vehicle that is used for the purposes of manufacturing dangerous drugs.
- ☐ Evidence of abuse or neglect and the caregiver denies access to or will flee with child to avoid CPS contact.

If no present danger threats exist, proceed to Safety Decision 3.

Safety Decision 3:

Impending danger refers to a family condition that may not be occurring in the present but is likely to occur in the immediate to near future and will likely result in serious or severe harm to a child.

Does the information as collected and analyzed meet the following safety threshold criteria, indicating possible impending danger?

- ☐ Specific & Observable – The family's condition can be described in specific behavioral terms.
- ☐ Out-of-Control – Beyond the control of any adult in the household to prevent the impending danger or unknown whether any adult is present or able to control the situation.
- ☐ Vulnerable Child – Reliant or dependent on others for protection.
- ☐ Severity – Likely to cause serious or severe harm to a child.
- ☐ Imminence (Specific Time Frame) – Likely to occur within the next 72 hours.

Child Abuse Hotline Safety Decision Tool

If all five safety threshold criteria are met, there are possible safety threats indicating impending danger. Proceed to Safety Decision 4.

Safety Decision 4:

Is it unclear what initial response time is needed to ensure child safety due to insufficient information?

☐ Yes ☐ No

If yes, consider a collateral contact and refer to the Collateral Contacts Decision Making Tool.

If no, what is the initial response time needed to ensure child safety?

☐ Response Time #1 – 2 hours
Present Danger

☐ Response Time #2 – 48 hours
Impending Danger

☐ Response Time #3 – 72 hours
Reports that do not rise to the level of present or impending danger, but there is an incident of abuse or neglect that occurred in the past 30 days. This includes a current minor injury to the child.

☐ Response Time #4 – 7 consecutive days
Reports that do not rise to the level of present or impending danger, but:

- there is an incident of abuse or neglect that occurred more than 30 days ago, or
- the date of last occurrence is unknown and there is no current physical indicator of maltreatment, or
- there is UNREASONABLE risk of harm to the child's health or welfare.

RECOMMENDED TRAININGS

The training shall cover the following or its equivalent for any member tasked with responding to reports of child abuse/neglect:

INVESTIGATIONS/PROSECUTION

The specific Children's Justice Task Force courses (Child Physical Abuse Investigations and Medical Aspects, Child Sexual Abuse Investigations, and Forensic Interviewing – Basic 8 Hour) meet the recommended standards for members tasked with conducting an investigation. Any equivalent course shall cover:

- Title 13 – Criminal Code
- Title 8 – Juvenile Code
- Scene Preservation: photos, evidence collection
- Search warrants
- Temporary Custody Notices
- Juvenile Rights
- Mandated Reporting Law
- Medical Release/Information – HIPAA Protocol
- Introduction and Risk Factors
- Inflicted Coetaneous Injuries
- Caretaker Interviews
- Suspect Interviews
- Interviewing Medical Personnel
- Burns
- Fractures
- Head Injuries
- Abdominal Trauma
- Failure to Thrive
- Scene Investigation
- Jurisdiction
- Who Should Be Interviewed
- Why Should People Be Interviewed Immediately
- Victim Interview
- Establishing Time Frames – “Significant Childhood Events”
- Transition Tips (investigation – trial)
- Witness Interviews - “Verbal Corroboration”
- Tangible Evidence - Physical Corroboration
- How to Get Medical Records (A.R.S. § 13-3620)
- Search Warrants and Related Court Documents
- Interviewing Suspects
- Eliminating Defenses
- Defense Attorney Interviews

- Understanding and Accepting your Caseload Investigation and Prosecution of Child Abuse
- Investigation and Prosecution of Child Fatalities and Physical Abuse.
- Childproof: Advanced Trial Advocacy for Child Abuse Prosecutors
- Prosecutors should look for similar training and other courses offered by APAAC, NCDA, NDA and APRI.

BASIC FORENSIC INTERVIEWING

- Victimology
- Forensic Interviewing
- Semi-structured Cognitive Interview
- Videotaped Samples of Forensic Interviews
- Interviewing Adolescents

ADVANCED FORENSIC INTERVIEWING

- Medical Aspects of Physical and Sexual Abuse
- Development and Linguistic Considerations
- Semi-Structured Cognitive Interview
- Disclosure Patterns
- Memory and Suggestibility
- Interviewing Developmental Delayed Victims
- Interviewing Preschool, Reluctant and Anxious Children
- Interviewing Child Witnesses
- Sexual Trauma and Sex Offending Behavior
- Secondary Trauma
- Taking it to the Jury
- Investigators as Experts – Preparing a Resume for Court
- A View from the Bench
- Cultural Considerations
- Legal Considerations in Forensic Interviews
- Courtroom Testimony
- The Defense

PRACTICA

- 2 child interviews
- Courtroom testimony

FORENSIC INTERVIEW GUIDELINES

The child victim is often the principal source of information about allegations of child abuse. These guidelines are intended as a framework for professionals who are interviewing and are not an all-inclusive guide.

Purpose: The purpose of the interview is to collect information after an allegation of abuse has emerged.

The Interviewer: It is recommended that the interviewer shall receive training and demonstrate an ability to perform fact-based interviews. Recommended training includes completion of basic forensic interview training as well as an advanced training curriculum, quarterly peer review and Arizona Children's Justice training seminars.

The Interview: The interview is approached in a neutral, fact-finding attitude for the purpose of collecting information. The interviewer should appear neutral and supportive. The forensic interview process is based on a semi-structured cognitive interview:

1. Rapport building discussion of neutral topics to briefly ascertain the child's developmental and language level.
2. Free narrative/recall – allowance of spontaneous disclosures.
3. Open-ended questioning – Questions that allow a broad range of responses (e.g. "What did he do when you told him "no"? Where was your mom when this happened?")
4. Focus questions – specific questions elicit additional details from the child. (e.g. "Was he in the house or in the yard? Did he put his mouth anywhere else?")
5. Neutral closing – End on a neutral topic.

Where: It is recommended that the interview be conducted in a neutral victim-friendly environment such as the Yavapai Family Advocacy Center.

When: The initial child interview should occur as close to the event in question as feasible. Whenever possible, the child interview should also be timed to maximize the child capacity to provide accurate and complete information. This often involves consideration of the child's physical and mental state (e.g. alert, rested, fed), immediate safety concerns, and the possible impact of delays on the child's ability to recall and report an experience.

Persons Present or Observing the Interview: The interview may be observed by law enforcement personnel, medical personnel, prosecutors and CPS caseworkers investigating the allegations and other allied professionals involved in the investigation process. It is the responsibility of the primary law enforcement investigator to assure that only the appropriate professionals are allowed to observe the interview.

It is recommended that the child making the allegations be interviewed alone. In limited circumstances, a third person may be present provided that they do not ask questions or speak, and such an interview must be recorded to prevent the third person from becoming a witness. Also, they should sit out of direct sight of the child.

The perpetrator or family members of the perpetrator should not be present during the interview.

Use of Props: The use of props during the interview should be minimized. Props such as stuffed animals or drawings may be utilized at the interviewer's discretion to assist a reluctant child in the process of disclosure or the description of specific acts.

Preservation of Interviews: All interviews of children alleging abuse should be preserved on videotape and/or audio tape and/or disc.

It is recommended that the interviews by the first responding officer also be audio recorded whenever possible.

Recordings of interviews shall be preserved as evidence in accordance with agency policy.

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Administration for Children, Youth and Families
Child Protective Services (CPS)

**CHILD ABUSE HOTLINE REPORT**

Mandated reporting sources must follow-up all telephone reports to Child Protective Services (CPS) with a written statement within seventy-two (72) hours, A.R.S. §13-3620. Completing this form fulfills the written requirement for mandated reporting sources. Reports made in good faith are immune from civil or criminal liability. Mail to: Child Abuse Hotline, P.O. Box 44240, Phoenix, AZ 85064-4240. To report child abuse, call the Hotline at 1-888-767-2445.

DATE REPORTED TO CPS CHILD ABUSE HOTLINE	TIME REPORTED
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REPORTING SOURCE'S NAME AND/OR AGENCY

REPORTING SOURCE'S PHONE NO.	CHILD ABUSE HOTLINE CALL NO. (If known)	CPS SPECIALIST'S NAME (If known)
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AS REQUIRED IN A.R.S. § 13-3620, THE REPORT SHALL CONTAIN:

1. The names and addresses of the minor and his/her parents or person or persons having custody of such minor, if known.
2. The minor's age and the nature and extent of his/her injuries or physical neglect, including any evidence of previous injuries or physical neglect.
3. Any other information that such person believes might be helpful in establishing the cause of the injury or physical neglect.

PARENT, GUARDIAN OR CUSTODIAN'S NAME

ADDRESS (No., Street, City, State, ZIP)

HOME PHONE NO. WORK PHONE NO.

PARENT, GUARDIAN OR CUSTODIAN'S NAME

ADDRESS (No., Street, City, State, ZIP)

HOME PHONE NO. WORK PHONE NO.

CHILD'S NAME DATE OF BIRTH

CHILD'S ADDRESS (No., Street, City, State, ZIP)

CHILD'S NAME DATE OF BIRTH

CHILD'S ADDRESS (No., Street, City, State, ZIP)

CHILD'S NAME DATE OF BIRTH

CHILD'S ADDRESS (No., Street, City, State, ZIP)

CHILD'S NAME DATE OF BIRTH

CHILD'S ADDRESS (No., Street, City, State, ZIP)

Equal Opportunity Employer/Program ♦ Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative formats by contacting

CHILD ABUSE HOTLINE REPORT

ALLEGATION OF ABUSE AND/OR NEGLECT (e.g., nature and extent of his/her injuries or physical neglect, including any evidence of previous injuries or physical neglect)

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Administration for Children, Youth and Families

CHILD ABUSE OR NEGLECT REPORT

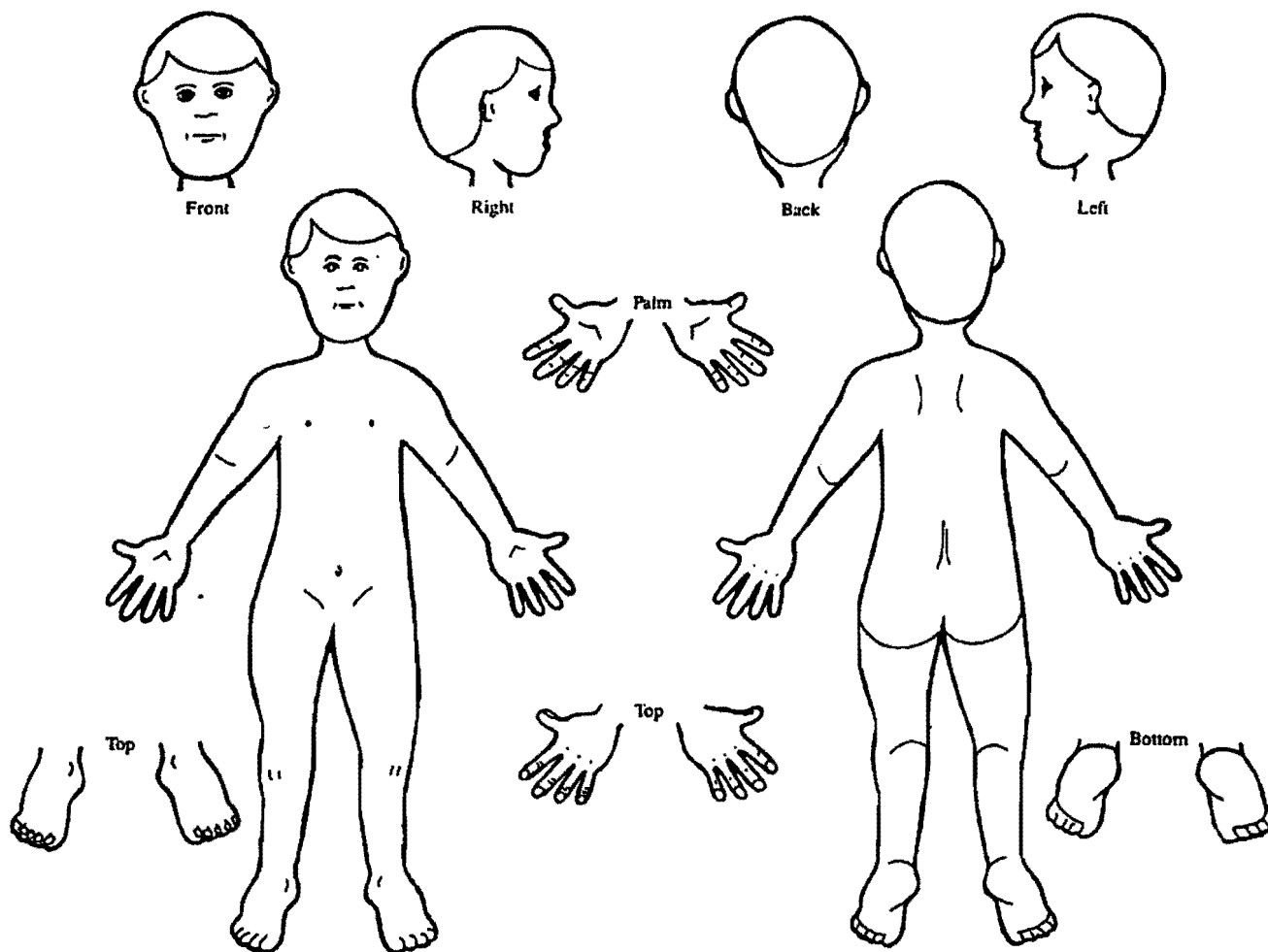
This form may be submitted to the Child Abuse Hotline in addition to the written report of abuse or neglect pursuant to A.R.S. § 13-3620. Reports made in good faith are immune from civil or criminal activity. Mail to Child Abuse Hotline, P.O. Box 44240, Phoenix, AZ 85064-4240. To report child abuse, call the Hotline at 1-888-767-2445.

CHILD'S NAME (Last, First, M.I.)

DATE

CHECK (✓) THOSE THAT APPLY AND ENTER LETTER AND NUMBER AS APPROPRIATE ON THE CHILD DIAGRAMS TO SHOW LOCATION OF INJURY(IES)

- | | | | | |
|---|-------------------------------------|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> A = Burn | <input type="checkbox"/> B = Bruise | <input type="checkbox"/> C = Laceration | <input type="checkbox"/> D = Fracture | <input type="checkbox"/> E = Other |
| <input type="checkbox"/> 1 = Bright Red | <input type="checkbox"/> 2 = Purple | <input type="checkbox"/> 3 = Blue | <input type="checkbox"/> 4 = Green | <input type="checkbox"/> 5 = Yellow |



Record child's physical injuries on appropriate areas and attach to the written documentation. Include the shape, size and colors.

PRINT NAME OF PERSON PROVIDING INFORMATION

SIGNATURE OF PERSON PROVIDING INFORMATION

DATE

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-542-0220; TTY/TDD Services: 7-1-1.

TEMPORARY CUSTODY NOTICE

On (date) _____, at (time) _____ AM /PM, temporary custody of (child's name) _____

was taken at (address) _____ by (agency) _____

Describe the specific reason(s) temporary custody is necessary _____

Check the circumstances (imminent risk factor) that most clearly describes the reason temporary custody was necessary:

- ☐ Medical or psychological examination required to diagnose abuse or neglect.
- ☐ No caregiver is present and the child cannot care for himself or herself or for other children in the household.
- ☐ A child has severe or serious non-accidental injuries that require immediate medical treatment.
- ☐ A child requires immediate medical treatment for a life-threatening medical condition or a condition likely to result in impairment of bodily functions or disfigurement, and the child's caregiver is not willing or able to obtain treatment.
- ☐ A child is suffering from nutritional deprivation that has resulted in malnourishment or dehydration to the extent that the child is at risk of death or permanent physical impairment.
- ☐ The physical or mental condition of a child's caregiver endangers a child's health or safety.
- ☐ A medical doctor or psychologist determined that a child's caregiver is unable or unwilling to provide minimally adequate care.
- ☐ The home environment has conditions that endanger a child's health or safety, such as unsanitary disposal of human waste, animal feces or garbage, exposed wiring, access to dangerous objects, or harmful substances that present a substantial risk of harm to the child.
- ☐ A medical doctor or psychologist determined that a child's caregiver has emotionally damaged the child; the child is exhibiting severe anxiety, depression, withdrawal, or aggressive behavior due to the emotional damage; and the caregiver is unwilling or unable to seek treatment for the child.
- ☐ The child was physically injured as a result of living on premises where dangerous drugs or narcotic drugs are being manufactured.
- ☐ The child's caregiver has engaged in sexual conduct with a child, or has allowed the child to participate in sexual activity with others.
- ☐ Other circumstances place a child at imminent risk of harm requiring removal (describe specific circumstance). _____

The Department of Economic Security, Child Protective Services (CPS) must:

- Return your child within **72 hours** (not including weekends and holidays) unless CPS files a legal paper, called a petition, with the Juvenile Court. If a petition is filed, your child will be kept in the temporary custody of CPS.
- Return your child within **12 hours** if your child was removed to be examined by a medical doctor or psychologist, unless abuse or neglect is diagnosed, and
- Inform you of the right to give a verbal or written response to the allegations and have them included in the investigation report. Any documentation you give and what you say or write will be included in the case record and can be used in court proceedings.

☐ A Preliminary Protective Hearing will be held on (date) _____ (time) _____OR ☐ Location (court name) _____ (address) _____☐ You will be notified if CPS files a petition and a Preliminary Protective Hearing is set. CPS will provide you a written notice of the date, time and location of the hearing within 24 hours after the petition is filed.

If a petition is filed, you have the right to have an attorney represent you. The Juvenile Court will appoint an attorney to represent you if you qualify financially. The court may also appoint an attorney or a guardian ad litem to represent your child's best interest.

Before the Preliminary Protective Hearing, you must meet with your attorney. Prior to the Preliminary Protective Hearing, a meeting will be held to try to reach an agreement about placement of your child, what services should be provided and visitation with your child. The availability of reasonable services will be considered. The child's health and safety will be a main concern at this meeting.

Other people may attend this meeting including: child, relatives, other interested persons with whom the child might be placed, witnesses, advocates or a person who has knowledge of your child or an interest in the welfare of your child.

It is your responsibility to participate in all services determined reasonable and necessary by the court. If you do not, the court may hold further hearings to terminate your rights as a parent. This means your child will never be returned to you.

Services available to parents, guardians and custodians, and agencies to contact for assistance are listed on the back of this form.

CHILD PROTECTIVE SERVICES SPECIALIST'S NAME (Please print) _____

AREA CODE AND PHONE NO. _____

() _____

ARIZONA DEPARTMENT OF ECONOMIC SECURITY'S ADDRESS (No., Street, City, State, ZIP) _____

CHILD PROTECTIVE SERVICES SUPERVISOR'S NAME (Please print) _____

AREA CODE AND PHONE NO. _____

() _____

METHOD OF NOTICE: On (date) _____, at (time) _____ AM/PM, I served notice to (parent, guardian or custodian) (print name) _____Method used: ☐ given directly ☐ left at residence ☐ verbal Date: _____ Time: _____

Address where mailed/left/given (No., Street, City, State, ZIP) _____

ASK: Is the child or child's parents of American Indian heritage/ancestry? ☐ Yes ☐ No ☐ Unknown

PARENT, GUARDIAN OR CUSTODIAN'S SIGNATURE _____

CHILD PROTECTIVE SERVICES SPECIALIST'S SIGNATURE (Or law enforcement officer) _____

DATE _____

Information for Parents and Guardians

PURPOSE. This form is required by Arizona law to notify the parent, guardian or custodian when a child is removed from his/her custody and placed in temporary custody prior to filing a Dependency Petition or for psychological or physical examination. This form also provides additional resources and services available to the parent, guardian or custodian.

You may call the Family Advocacy Office at 1-877-527-0765, to request a review of the child's removal. In order to ensure sufficient time for review of the removal, please make this call within 48 hours (*not including weekends and holidays*) of receiving this notice.

You may call the Parent Assistance Statewide Hotline, 1-800-732-8193, or Phoenix (602) 542-9580, TDD (602) 452-3545, for more information on the Juvenile Court system and how to obtain legal assistance.

You have the right to call the Office of the Ombudsman-Citizen's Aide, if you have a complaint about CPS actions. The Ombudsman-Citizen's Aide will impartially investigate the complaint, inform you of the results of the investigation and provide you with referrals for additional assistance. To contact the Ombudsman-Citizen's Aide call: 1-800-872-2879, or Phoenix (602) 277-7292.

Services and Programs

Services provided are child-centered and family-focused to promote family preservation, independence and self-sufficiency. Programs available include, but are not limited to:

In-Home Services: Directed at strengthening the family unit to enhance parenting skills including:

- Intensive family preservation
- Parent aide services
- Parent skills training
- CPS child care
- Referrals to community services
- Counseling
- Peer self-help
- Services to high-risk infants and their families

Out-of-Home Placement: Placements provided for children who are unable to remain in their homes including:

- Relative homes
- Foster homes
- Group homes
- Residential treatment centers
- Independent living subsidy arrangements
- Community placements
- Selected placements, as ordered by juvenile court
- Adoption
- Guardianship

Child Protective Services is referring you to the following services: _____

Additional service needs will be assessed prior to the Preliminary Protective Hearing.

COMPLETION AND DOCUMENTATION

1. This notice must indicate the date and time that the child was placed in temporary custody of the child's name.
2. Describe the specific reason why temporary custody is necessary must be indicated or stated.
3. Check the specific factors that constitute imminent danger that corresponds to the reason the child was removed.
4. The CPS Specialist's and CPS Supervisor's name, phone numbers, and address of the local CPS office must be completed.
5. Method of Notice section must be completed. One method of notice must be checked and this section must be signed by the CPS Specialist or law enforcement officer who took temporary custody of the child.
6. If the parent, guardian or custodian is served directly, he/she should be asked to sign the form. If he/she refuses, write in "Refuses to Sign" on the signature line.
7. Leave a copy of the form with the parent, guardian or custodian even if the parent refuses to sign.

DISTRIBUTION

1. The original is given to the parent, guardian or custodian:
 - a. Immediately if he/she is present at the removal;
 - b. Within 24 hours if out-of-state (mailgram);
 - c. As soon as possible if residence is unknown at time of removal.
2. A copy is sent to the Assistant Attorney General to file with the petition.
3. A copy is retained in the case record.

RETENTION. A copy of the form is retained in the permanent case record.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, please contact your local office; TTY/TDD Services: 7-1-1. Disponible en español en la oficina local.

**CONSENT TO SEARCH FORM
(CHILD-SERIOUS MEDICAL EMERGENCY)**

The _____ has responded to
(Agency)

_____ (Address)
after a report of a serious medical emergency involving a child. The
_____ fully understands the emotional
(Agency)

trauma that exists as a natural consequence of this emergency.
Nevertheless, an immediate investigation is needed to determine the
cause of the medical emergency. The results of the investigation may
assist in the child's treatment and recovery.

The _____ requests permission
(Agency)
to search _____
(Address of home, including outbuildings, all vehicles and any persons)

for any items that may assist in the investigation and to seize any relevant
items. You are not legally required to consent to any such search and
seizure. Even if you do give consent for the search and seizure, you may
withdraw that consent at any time by clearly indicating your wishes to any
officer of _____ involved in the investigation.
(Agency)

I have read and understand the foregoing. I hereby authorize _____
_____ to search the area referred to
(Agency)

above.

Dated: _____ Time: _____
Signature: _____
Witness: _____

**CONSENT TO SEARCH FORM
(IN CASES IN CHILD DEATH)**

The _____ has responded to
(Agency)

(Address)

after a report of a child death. The _____
(Agency)
fully understands the emotional trauma that exists as a natural
consequence of this emergency. Nevertheless, an immediate
investigation is necessary to determine the cause and origin of the death.

The _____ requests permission
(Agency)
to search _____
(Address of home, including outbuildings, all vehicles and any persons)

for any items that may assist in the investigation and to seize any relevant
items. You are not legally required to consent to any such search and
seizure. Even if you do give consent for the search and seizure, you may
withdraw that consent at any time by clearly indicating your wishes to any
officer of _____ involved in the investigation.
(Agency)

I have read and understand the foregoing. I hereby authorize _____
_____ to search the area referred to
(Agency)

above.

Dated: _____ Time: _____

Signature: _____

INTRODUCTION AND RECOMMENDATION FOR THE USE OF THE INFANT DEATH CHECKLIST (PROTOCOL)

INTRODUCTION:

In 2002, the State of Arizona passed into law two statutes concerning the investigation of unexplained infant deaths in Arizona. A.R.S. 36-2292 requires the Department Of Health Services to establish protocols for death scene investigations of apparent natural infant deaths. These protocols must specifically address the need for compassion and sensitivity with parents and caregivers, include recommended procedures for law enforcement, and require scene investigations as a component of the infant death investigation. A.R.S. 36-2293 requires that law enforcement officers complete an infant death investigation checklist during investigations of unexplained infant deaths and further requires law enforcement officers to complete the checklist prior to autopsy. The intent of these two statutes was to standardize the process of unexplained infant death investigations throughout the state, and to ensure medical examiners are provided sufficient information from investigators to assist in determining the cause and manner of an infant's death.

Unexplained infant deaths are those for which there is no cause of death obvious when the infant died. Unexplained infant deaths would not include those in which there was a previously diagnosed life-threatening illness that clearly contributed to the death (i.e., complications of prematurity, congenital anomaly, infectious disease), or when there is a clear cause of death, immediately known (i.e., accident, homicide, etc.). In cases of an unexplained infant death, a thorough investigation is necessary to accurately determine the cause and manner of the death. That process includes a death scene investigation, interviews with parents and caregivers, a review of the infant's clinical history, and a complete autopsy.

In developing the required investigative protocols, the Unexplained Infant Death Advisory Council reviewed guidelines set forth by national infant death organizations, as well as those of other states where such guidelines exist. This review led the Council to create a short form protocol or checklist titled the "Arizona Infant Death Investigation Checklist (2002)." The form is a carbon pack triplicate to allow easy distribution. Instructions for completing the checklist are conveniently printed on the reverse side. The Council believes that uniform use of this checklist will standardize the investigation of unexplained infant deaths in Arizona, while also ensuring that pertinent information is gathered and documented in each case. The checklist is to be used by law enforcement officers, but may also be used by other death investigators. Distribution of this form to medical examiners prior to the autopsy will assist medical examiners in accurately determining the cause and manner of death. Data contained in the form may also provide information for researchers examining the causes of unexplained child deaths and stillborn infants.

Although the recognized definition of an "infant" is a child under one year of age, law enforcement officers are encouraged to use the death investigation checklist in any case of an unexplained child death. The unexplained death of a child over one year of age will require the same investigative process, and the checklist may remain a valuable tool to law enforcement and medical examiners in such instances.

RECOMMENDATIONS:

Death Scene Investigation - The death scene investigation is an essential component of a thorough investigation of unexplained child deaths. Information gathered during the scene investigation augments information obtained from autopsy and review of the child's clinical history. Information gathered during the death scene investigation can help the pathologist interpret postmortem findings. This information will aid in the determination of accidental, environmental, or other unnatural causes of deaths, including child abuse and neglect. Although the ultimate goal of a death scene investigation is to accurately assign a cause of death, equally important goals are the identification of health threats posed by consumer products; identification of risk factors associated with unexplained infant deaths; and using the opportunity to refer families to grief counseling and support groups.

The Unexplained Infant Death Advisory Council recommends a thorough death scene investigation by trained investigative personnel, even in cases where a child may have been transported to a hospital or other location. Access to the death scene must take into consideration issues of privacy and standing, as with any other law enforcement investigation. The death scene investigation should include careful observation and documentation, including measurements and photographs. Consideration should be given to lawfully seizing any items deemed to have evidentiary value, or which may assist in determining the cause of the child's death.

Officer Demeanor – Parents or caregivers who experience the sudden, unexpected death of a child need compassion, support, and accurate information. Those responsible for determining the cause of death must have both technical skills and sensitivity, as they go about their difficult task. A knowledgeable and sympathetic approach will contribute to gathering necessary information while also supporting parents in crisis.

The Unexplained Infant Death Advisory Council recognizes that law enforcement officers know, all too well, that infants and children can die at the hands of parents or caregivers. Such instances, however, are statistically very rare. The vast majority of unexplained infant deaths are attributed to natural causes, not criminal acts. The Council, therefore, recommends that law enforcement officers conduct their investigations with compassion and sensitivity for the parents and caregivers they contact. It is recommended that officers interview parents and caregivers with a non-accusatory demeanor, and withhold judgment until all the facts and medical evaluations are known. In those rare instances where an autopsy or other evidence indicates criminal activity occurred, officers might find it necessary to adopt a different demeanor. Until such time, officers should offer compassion and support to families and caregivers. Recognizing that the grief and feelings of guilt associated with a child's death can be devastating, officers should be familiar with local support groups and be able to provide referral information for long-term support.

(2002) ARIZONA INFANT DEATH SCENE INVESTIGATION CHECKLIST INSTRUCTIONS

Scene Investigated by- Name of the person responsible for the death scene investigation.

Agency: Name of the agency that the person works for.

Phone Number: Telephone number where the scene investigator can be reached.

County: County of the infant death investigation.

A. GENERAL INFORMATION

1. Infant's Name- Include the infant's first, middle and last names. Also known as (a.k.a.) can be added if this is appropriate. Sex- Indicate whether the infant is male or female. Age- Age of the infant in months or days at the time of death. Date of Birth- Month, date and year of the infant's birth.
2. Date of Death- Actual date of the infant's death. Time of Death- Actual time infant died. Location- Identify where the infant's death occurred, (i.e. home, day care, relative's home, etc.) Give the address, including city.
3. Father's Name- Indicate the first, middle and last names of the infant's father. Age of the father in years. Usual occupation of the father.
4. Mother's Name- Indicate the first, middle and last names of the infant's mother. Age of the mother in years. Usual occupation of the mother.
5. Siblings- If yes, indicate ages.
6. Home Address - If different from the location of death, indicate the home address, including city and state.
7. Pediatrician (Family Physician)- Name of the physician who was providing the infant's ongoing health care. Phone- Indicate the physician's phone number.

B. PAST HISTORY

1. Birth Weight- Weight of the infant at the time of birth in pounds and ounces. Prematurity- If premature, indicate# of weeks premature.
2. Place of Birth- Indicate the hospital and City/ State where the infant was born.
3. Difficulty with pregnancy/delivery- Answer yes or no. If yes, explain.
4. Smoking during pregnancy- Indicate if any household member smoked tobacco during this pregnancy. If yes, identify relationship to infant. Drugs during pregnancy- Indicate if any household member abused drugs during this pregnancy. If yes, identify relationship to infant and type of drug.
5. Hospitalization/ Emergency Care- Indicate if the infant has been admitted to the hospital or seen in an emergency room. Explain the reasons for hospital admission or emergency room visit.
6. Indicate if infant had any unusual sleeping habits, if infant ever turned blue or stopped breathing, and if infant had seizures or convulsion. If yes, explain.
7. Other medical conditions noted- Answer yes or no. If yes, explain.
8. Immunization- Indicate if the infant received any immunizations. Indicate if immunizations are up to date and the date of last immunization.
9. History of other child deaths in the family. If yes, identify where, cause of death, and age of child at death.

C. RECENT HISTORY

1. Type of feeding- What type of feeding did the infant regularly receive? Check appropriate box. Last feeding- Indicate the time of the last feeding. What- Indicate what the infant consumed.
2. Recent Illness- Answer yes or no. If yes, check the box corresponding to the condition. Other-Describe other conditions not listed. Medicine- Indicate name of medication or home remedy. Amount- Amount infant was given. Time- Indicate the time medicine was given to infant. Collect all medication or home remedy containers for submission to Medical Examiner.
3. Chemicals- Indicate if the infant was exposed to any chemicals or noxious agents. What- Describe chemical. When- Give date of exposure.
4. Sickness in the household- Indicate if family members or close contacts have exposed the infant to any recent illnesses. Who - Indicate relationship. Illness- Type of illness.
5. Injury or fall- Indicate if the infant had a recent accident. If yes, explain.
6. Recent caregivers- Answer yes or no. If yes, indicate relationship with infant.
7. Last date infant was seen by medical provider- Indicate date. Where- Indicate medical center or physician name. Reason- Indicate why infant was seen.

D. SCENE - (Ask person who discovered the infant)

1. Last seen alive- Indicate the time and circle AM or PM. Behavior - Indicate if infant's behavior was normal. If no, describe infant's behavior.
2. Who discovered the infant- Name and relationship of the individual and time this occurred.
3. Position when found- Indicate infant's position when found. (Check the appropriate box) Position when put to bed-Indicate the position of the infant when put to sleep. (Check the appropriate box) Clothing-Describe what was infant wearing. Covering- Describe how was infant covered.
4. Nose or mouth obstruction- Answer yes or no. If yes, indicate what was causing the obstruction.
5. Infant's sleeping environment- Describe the infants sleeping environment. Other category may include infant carrier, car seat, floor, sofa, swing, etc. Items in bed with infant- Note any items in the bed or immediate sleeping environment. Room Temperature- Indicate if room was cold, hot or normal.
6. Sleeping arrangement- Indicate if infant was sleeping alone. If no, identify co-sleepers. Weight - estimate weight of co-sleepers(s). Drug or alcohol usage- Indicate if co-sleepers used drugs or alcohol. Answer yes or no. If yes, explain.
7. Infant's temperature- Check appropriate box.
8. Attempts to revive infant- Check appropriate box. If yes, note by whom. Time of attempt- Indicate time. Method of attempts- Check appropriate box. Other- Describe other types of attempts if not listed.
9. Household or day care smokers- Answer yes or no. If yes, indicate the relationship to infant.

COMMENTS

Use this space to elaborate on questions above or anything unusual. List the medication or home remedies identified in Section C #2. Attach additional sheets when necessary.

ROUTING INSTRUCTIONS - Send original to ADHS, address listed below. Send yellow copy to County Medical Examiner's Office. First responder keeps the pink copy. Please call (602) 542-1875 if any additional information is needed.

Arizona Department of Health Services
Unexplained Infant Death Council
150 N. 18th Avenue, Suite 320 Phoenix, AZ 85007
Fax: (602) 542-1843

ARIZONA INFANT DEATH INVESTIGATION CHECKLIST

Scene Investigated by _____ Agency _____ Phone Number _____ County _____

A. General Information

1. Infant's name _____ Sex _____ Age _____ Date of birth _____
2. Date of death _____ Time of death _____ AM/PM Location _____
3. Father's name _____ Age _____ Occupation _____
4. Mother's name _____ Age _____ Occupation _____
5. Are there siblings? ☐ Yes, ☐ No If yes, list ages _____
6. Home address (if different from location of death) _____
7. Pediatrician (family physician) _____ Physician's Phone _____

B. Past History

1. Birth weight _____ lbs _____ oz Was infant premature? ☐ Yes, ☐ No If yes, number of weeks premature _____
2. Place of Birth (Hospital and City/State) _____
3. Any problems with pregnancy and delivery? ☐ Yes, ☐ No If yes, explain _____
4. During pregnancy, did anyone: ☐ Smoke? Who? _____ ☐ Use drugs? Who? _____ What? _____
5. Has infant ever required hospitalization or emergency care? ☐ Yes, ☐ No If yes, explain: When? _____ Where? _____, Why? _____
6. Anything unusual about sleeping habits or breathing? ☐ Yes, ☐ No Has infant turned blue or stopped breathing? ☐ Yes, ☐ No
Has infant had seizures or convulsions? ☐ Yes, ☐ No If yes, explain _____
7. Any other medical problems or concerns? ☐ Yes, ☐ No If yes, explain _____
8. Has infant been immunized? ☐ Yes, ☐ No If yes, are immunizations up to date? ☐ Yes, ☐ No, ☐ Unknown Date of last immunization _____
9. Have there been other child deaths in this family or relatives of the immediate family? ☐ Yes, ☐ No If yes, where? _____
Cause of death(s) _____ Age(s) at death _____

C. Recent History

1. Was the infant ☐ Breast-fed ☐ Bottle-fed ☐ Both? Last feeding _____ AM/PM What was last feeding? _____
2. Recent illness? ☐ Yes, ☐ No If yes, what? ☐ Appetite change, ☐ Cough, ☐ Diarrhea, ☐ Ear infection, ☐ Fever, ☐ Irritability/listlessness, ☐ Sniffles, ☐ Vomiting, ☐ Weakness/ "floppiness", ☐ Wheezing, ☐ Other _____
Were medications or home remedies given? ☐ Yes, ☐ No If yes, what _____ * Amount _____ Time _____ AM/PM
3. Was there recent exposure to chemicals? ☐ Yes, ☐ No If yes, what _____ When _____
4. Is anybody in the house sick? ☐ Yes, ☐ No If yes, who _____ Illness _____
5. Was there a history of a recent fall or injury? ☐ Yes, ☐ No If yes, explain _____
6. Was the infant in anyone else's care in the last 48 hours? ☐ Yes, ☐ No If so, whom? _____
7. Last date infant was seen by a medical provider _____ Where? _____ Reason for visit _____

D. Scene

1. Last seen alive _____ AM/PM Was infant behaving normally? ☐ Yes, ☐ No If no, describe: _____
2. Who discovered the infant? Name _____ Relationship _____ Time _____ AM/PM
3. Position infant was in when found? ☐ Abdomen, ☐ Back, ☐ Side Position when put to bed? ☐ Abdomen, ☐ Back, ☐ Side
What was the infant wearing? _____ How was the infant covered? _____
4. Were the nose and mouth obstructed? ☐ Yes, ☐ No If yes, with or by what? _____
5. Describe infant's sleeping environment ☐ Crib, ☐ Bed, ☐ Sofa, ☐ Other _____ Type of mattress ☐ Soft, ☐ Hard,
☐ Waterbed, ☐ Exposed plastic covering Were any of the following found in infant's bed? ☐ Pillow, ☐ Blankets, ☐ Cushions, ☐ Toys, ☐ Pets,
☐ Other _____ Temperature of room _____
6. Was the infant sleeping alone? ☐ Yes, ☐ No If no, with whom? ☐ Child, ☐ Adult, ☐ More than one person Estimated weight of
sleeper(s) _____ Drug or alcohol used? ☐ Yes, ☐ No If yes, what? _____
7. Was the infant ☐ Warm, ☐ Cool
8. Were attempts made to revive the infant? ☐ Yes, ☐ No If yes, by whom? _____ Time of attempt _____ AM/PM
Method of attempt ☐ CPR, ☐ Shaken, ☐ Other _____
9. Does anyone in the immediate household or daycare facility smoke? ☐ Yes, ☐ No If yes, identify relationship _____

Comments: (Use this space to elaborate on questions above or to note anything unusual)

*Use "Comments" section if more space is needed. Collect all medication/home remedy containers for submission to Medical Examiner.

White = First Responder Canary = Medical Examiner Pink = ADHS

MEDICAL RECORDS REQUEST

The _____ requests that the medical
(Name of Police Agency)
records of _____, D.O.B. _____
be given to _____.

The requested records include the following:

- Admitting notes
- Progress notes
- Nursing notes
- Discharge summary
- Social work notes
- Lab reports
- Doctor's orders
- Consultation notes and reports
- X-ray, CT and MRI reports

This request is made pursuant to an official investigation involving the minor's possible neglect or abuse and Arizona Revised Statute §13-3620(C).

C. "A person having custody or control of medical records of a minor for whom a report is required or authorized under this section shall make such records available to a peace officer or child protective services worker investigating the minor's neglect or abuse on written request for the records signed by the peace officer or child protective services worker. Records disclosed pursuant to this subsection are confidential and may be used only in a judicial or administrative proceeding resulting from a report required or authorized under this section."

Failure to provide these records may subject the person and/or institution responsible to criminal prosecution under A.R.S. §13-3620(J):

J. "A person who violates any provision of this section is guilty of a class 1 misdemeanor."

(Officer)

(Date)

**YAVAPAI COUNTY ATTORNEY'S OFFICE
AUTHORIZATION TO RELEASE MEDICAL RECORDS**

PATIENT NAME		DATE OF BIRTH
CARE OR SERVICE INFORMATION TO BE RELEASED <input type="checkbox"/> History and Physical <input type="checkbox"/> Operative Report <input type="checkbox"/> Laboratory Report <input type="checkbox"/> Cardiopulmonary Report <input type="checkbox"/> Discharge Summary <input type="checkbox"/> ER Record <input type="checkbox"/> X-Ray Report <input type="checkbox"/> Pathology Report <input type="checkbox"/> Consultation Report <input type="checkbox"/> Physical Rehab <input type="checkbox"/> All Records <input type="checkbox"/> Other: _____		DATE(S) OF CARE/SERVICE
REASON(S) INFORMATION REQUESTED		
NAME OF PERSON(S) AUTHORIZED TO RECEIVE INFORMATION		FAX #:
ADDRESS		
CITY	STATE	ZIP

The undersigned hereby authorizes _____ to furnish to the Authorized Person(s) named above with a copy of the information related to type of care or service(s) indicated above that was provided to the Patient for the date(s) stated above.

The undersigned understands that the information in the Patient's health record may include information relating to communicable disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

PATIENT
INITIALS

The undersigned understands that any disclosure of information carries with it the potential for further disclosure by the above-name recipient, and the information may not be protected by federal confidentiality rules.

The undersigned understands that (1) authorizing the disclosure of this health information is voluntary; (2) the undersigned can refuse to sign this authorization; (3) the undersigned need not sign this form in order to assure treatment; and (4) the undersigned may inspect or request a copy of the information to be used or disclosed, as provided in CFR 164.524. If the undersigned has questions about disclosure of the Patient's health information, the undersigned can contact the provider's Health Information Management Department.

This authorization will be considered invalid based on expiration date or event determined by patient as noted below. The undersigned may revoke this authorization at any time by providing written notice of revocation to the provider's Health Information Management Department. I understand that the revocation will not apply to information that has already been released in response to this Authorization. I understand that the revocation will not apply to Patient's insurance company when the law provides the insurer with the right to contest a claim under Patient's policy.

The undersigned will be given a copy of this Authorization, after signing.

EXPIRATION DATE OR EVENT

PATIENT SIGNATURE		
IF PATIENT IS UNABLE TO CONSENT BY REASON OF AGE OR SOME OTHER FACTOR, STATE REASON AND PROVIDE APPROPRIATE DOCUMENTATION WHERE APPLICABLE		
LEGALLY AUTHORIZED REPRESENTATIVE	DATE	RELATIONSHIP TO PATIENT
WITNESS	DATE	